

ALABAMA MEDICAID AGENCY PREFERRED DRUG LIST BY THERAPEUTIC CATEGORY

As a result of legislation passed by the Alabama State Legislature in June 2003, the Alabama Medicaid Agency will use a mandatory Preferred Drug List, effective October 1, 2003. Brand preferred drugs, generics (with the exception of carisoprodol products, lansoprazole, lindane, omeprazole-sodium bicarbonate, and pantoprazole) and over-the-counter (OTC) drugs covered by Medicaid will be available without prior approval. If a non-preferred drug is ordered, the practitioner will need to obtain prior authorization (PA). If approval is given to dispense the non-preferred drug, an authorization number will be provided. Antipsychotic and HIV/AIDS drugs are exempt from this requirement.

Below is a list of brand preferred products on the PDL. The drug name denotes all dosage forms and strengths unless noted. An asterisk (*) denotes a generic is available in at least one dosage form or strength. All covered OTC drugs and generic products (unless otherwise specified) are considered preferred. For a more complete list including non-preferred brands and more information concerning the PDL, please visit our website at www.medicaid.alabama.gov.

Antihistamines

First Generation

All covered generics and OTCs

Anti-infective Agents

All covered generics and OTCs

All covered generics and OTCs

Aminoglycoside

All covered generics and OTCs

All covered generics and OTCs

Gris-Peg

All covered generics and OTCs

Daraprim

All covered generics and OTCs Antituberculosis Agents

All covered generics and OTCs

All covered generics and OTCs

All covered generics and OTCs

Infergen

Pegasys All covered generics and OTCs

All covered generics and OTCs

Cleocin (oral only)*

All covered generics and OTCs

All covered generics and OTCs

Miscellaneous Antiprotozoals All covered generics and OTCs

Miscellaneous Antivirals

All covered generics and OTCs

Miscellaneous B-Lactams All covered generics and OTCs

Neuraminidase Inhibitors Relenza[†] Tamiflu¹

All covered generics and OTCs

osides and Nucleotides

All covered generics and OTCs

Amoxil*

All covered generics and OTCs

Behavioral Health

Aricept Aricept ODT

All covered generics and OTCs Luvox CR Lexapro

All covered generics and OTCs Cerebral Stimulants/Agents for ADD/ADHD-Short and Intermediate Acting

Dexedrine* Ritalin* Focalin' All covered generics and OTCs Behavioral Health (continued)

gents for ADD/ADHD-Cerebral Stimulants/

Adderall XR* Focalin XR Concerta Vvvanse

Daytrana

All covered generics and OTCs

cs/Sedatives/Hypnotics All covered generics and OTCs

Anxiolytics/Sedatives/Hypnotics

Diastat

All covered generics and OTCs

Anxiolytics/Sedatives/Hypnotics: Miscellaneous
All covered generics and OTCs

Cardiovascular Health

ACE Inhibitors/Combos

Aceon*

All covered generics and OTCs

Angiotensin-II Receptor Antagonists/Combos Avalide Micardis

Micardis HCT Avapro Teveten Benicar HCT Teveten HCT

Diovan

All covered generics and OTCs

Alpha-Adrenergic Blocking Agen All covered generics and OTCs

Cardiac Drugs, Miscellaneous

All covered generics and OTCs Cardiotonic Agents

All covered generics and OTCs

Central Alpha-Agonists/Combos All covered generics and OTCs

All covered generics and OTCs

All covered generics and OTCs

Diuretics/Combos

All covered generics and OTCs

Miscellaneous Hypotensive Agents
All covered generics and OTCs

Nitro-Bid

Nitrostat* All covered generics and OTCs

Peripheral Adrenergic Inhibitors

All covered generics and OTCs

Platelet-Aggregation Inhibitors

All covered generics and OTCs

Sequestrants

All covered generics and OTCs esterol Absorption Inhibitors

All covered generics and OTCs Fibric Acid Derivatives

All covered generics and OTCs CoA Reductase Inhibitors

All covered generics and OTCs

Antilipemic Agents, Miscellaneous

All covered generics and OTCs

Diabetic Agents

Alpha-Glucosidase Inhibitors

All covered generics and OTCs

All covered generics and OTCs

All covered generics and OTCs

Dipeptidyl Peptidase-4 (DPP-4) Inhibitors All covered generics and OTCs

All covered generics and OTCs

Humalog Levemir Lantus

All covered generics and OTCs

Meglitinides Prandin

All covered generics and OTCs

Sulfonvlureas

All covered generics and OTCs Thiazolidinediones

Actos Avandarvl Avandamet Avandia All covered generics and OTCs

EENT Preparations

Antiallergic Agents Astelin Patanase Astepro Patanol

Pataday

Antibacterials

All covered generics and OTCs AzaSite Bleph-10* Neosporin'

Bactroban Nasal Besivance Poly-Pred Blephamide Tobrex*

Blephamide S.O.P. Vigamox All covered generics and OTCs

Intranasal Corticosteroids

Beconase AQ Nasonex Nasacort AQ

All covered generics and OTCs

Tyzine All covered generics and OTCs

Gastrointestinal Agents

All covered generics and OTCs

Proton-pump Inhibitors/Combos Aciphex

All covered generics and OTCs (generic lansoprazole, omeprazolesodium bicarbonate, and pantoprazole require a PA)

<u>Genitourinary Agents</u> Genitourinary Smooth Muscle Relaxants

All covered generics and OTCs

Pain Management/Autonomic Agents

All covered generics and OTCs

All covered generics and OTCs

All covered generics and OTCs tive Serotonin Agonists Maxalt MLT

Pain Management/Autonomic Agents (continued)

cle Relaxants

All covered generics and OTCs (generic carisoprodol products

require a PA)

Respiratory ed Corticosteroids/Combos

Advair Diskus Azmacort Advair HFA Flovent Diskus Aerobid Flovent HFA Aerobid-M Qvar Asmanex Twisthaler Symbicort

All covered generics and OTCs

Inhaled Antimuscarinics/Antispasmodics Atrovent HFA Spiriva

All covered generics and OTCs Leukotriene Modifiers

Accolate Singulair All covered generics and OTCs

Mast-cell Stabilize All covered generics and OTCs

Smooth Muscle Relaxants/Comb

All covered generics and OTCs Adrenergic Agonists/Combos Combivent Proventil HFA Foradil Serevent Diskus

Maxair Autohaler Ventolin HFA

ProAir HFA Xopenex HFA All covered generics and OTCs

Skin and Mucous Membrane Agents

All covered generics and OTCs **Antivirals**

Zovirax All covered generics and OTCs

All covered generics and OTCs

Scabicides and Pediculicides

Eurax All covered generics and OTCs

(generic lindane requires a PA)

Miscellaneous Local Anti-infectives Phisohex

All covered generics and OTCs

Anti-inflammatory Agent Capex Shampoo Derma-Smoothe/FS

All covered generics and OTCs

All covered generics and OTCs

All covered generics and OTCs

Keratolyt All covered generics and OTCs

All covered generics and OTCs Misc Skin and Mucous Membrane Agents

Protopic

Elidel All covered generics and OTCs

Women's Health

strogens Cenestin

Menest

Premarin (tabs only) All covered generics and OTCs

All covered generics and OTCs